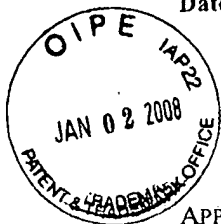


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Date of Deposit: January 2, 2008

Attorney Docket No.20363-015 NATL



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Nadler, *et al.*
SERIAL NUMBER: 09/830,400 EXAMINER: Amy E. Juedes
FILING DATE: July 20, 2001 ART UNIT: 1644
FOR: CANCER IMMUNOTHERAPY AND DIAGNOSIS USING UNIVERSAL
TUMOR ASSOCIATED ANTIGENS, SUCH AS THE TELOMERASE
CATALYTIC SUBUNIT (HTERT), AND METHODS FOR IDENTIFYING
UNIVERSAL TUMOR ASSOCIATED ANTIGENS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Applicants hereby petition for a three-month extension of time pursuant to 37 CFR 1.136(a) in which to respond to the Final Office Action mailed June 22, 2007 in the above-identified application. With the extension, this Response was due on or before December 24, 2007 (December 22, 2007 being a Saturday). Enclosed is a check in the amount of \$525.00 in payment of the fee required by 37 C.F.R. §1.17(a)(3).

The Commissioner is hereby authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 20363-015 NATL. A duplicate copy of this Petition is enclosed.

Respectfully submitted,

Ivor R. Elrif, Reg. No. 39,529
Cynthia A. Kozakiewicz, Reg. No. 42,764
Attorneys for Applicants
c/o MINTZ, LEVIN.
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No.: 30623

01/04/2008 HVUONG1 00000016 500311 09830400

02 FC:2253 525.00 OP

Adjustment date: 02/01/2008 CKHLOK
01/04/2008 HVUONG1 00000016 09830400
02 FC:2253 -525.00 OP

Repln. Ref: 02/01/2008 CKHLOK 0008211200
DAH:500311 Name/Number:09830400
FC: 9204 \$525.00 CR

Dated: January 2, 2008

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 01/31/08		2 Serial/Patent # 11/961,404		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	IFW	01/02/08	\$ 525.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 525.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	Treasury Check		
	Duplicate Payment	X Credit Deposit A/C #:		
		9 5 0 -- 0 3 1 1		
X	No Fee Due (Explanation):			
Outside maximum period obtainable.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney		
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212		
OFFICE: PETITIONS				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>C/ChbK</i>		DATE: 2/1/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B